

Do not write in this space

Received by: _____ Date: _____ Gr. No.: _____

INMATE/OFFENDER INFORMAL RESOLUTION FORM

Name: Boatle, Thunder Number: 360208 Housing: B-214 Date: 2/28/24: 10:08 AM

Describe the problem. Include date and time the incident occurred, names of staff involved, description of any evidence, names of any witnesses. Name the person(s) you are grieving. WHAT did they do? WHEN did they do it? WHERE did this happen? & WHAT have you done so far to get the problem repaired?

Mam,
I would like to have a restraining order on
hotch kiss.

Padamiya also for your time and assistance as both
are greatly needed as well as appreciated.
And have a very happy Day.

Respectfully,
Boatle, Thunder

ACTION REQUESTED: I would like to have a restraining order put on
hotch kiss, Padamiya also for your time and assistance as both are greatly
needed as well as appreciated INMATE SIGNATURE: Boatle, Thunder

By my signature above, I waive confidentiality to any records necessary to investigate and resolve my complaint and certify the truth of all my statements herein.

RESPONSE: Not processed per MSP 3.3.3. You can only
request an investigation into staff conduct. Please
specify who, what, where, when and ref file w/in
48 hours.

Requested action is granted ___ / granted in part ___ / denied ___ / not processed ☒ .
You have the right to grieve if this response if your action requested was not granted.

RESPONDANT SIGNATURE: U. Kumbhar TITLE: unit DATE: 3/12/24

I acknowledge that I have received this response.

Boatle, Thunder
INMATE SIGNATURE

3/12/24
DATE

GRIEVANCES MUST BE SUBMITTED WITHIN FIVE WORKING DAYS OF RECEIPT OF THIS RESPONSE. ATTACH COPIES OF ALL PERTINENT INFORMATION AND PLACE IN THE GRIEVANCE COLLECTION LOCK BOX. (GRIEVANCE FORMS ARE AVAILABLE FROM HOUSING STAFF)

WHITE - GRIEVANCE COORDINATOR

CANARY - INMATE COPY OF RESPONSE

PINK - INMATE RECEIPT

EXHIBIT 1

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☐ MWP ☐ CONTRACT FACILITY: _____**DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING**

(Information and staff signatures on this form must be legible)

MAJOR ☐ MINOR ☐

EXHIBIT 2

Inmate Name: _____ ID # _____

Last name _____ First Name _____

Date: _____ Time: _____ Place of Incident: _____

Room/Cell: _____ Housing Unit: _____ Job Assignment: _____

Infraction Number(s) & Name(s) _____

Staff Witness: 1. _____ Other Inmates involved 1. _____

2. _____ 2. _____

Description of Violation: (who, what, why, where, when and how): _____

REPORTING STAFF MEMBER: _____

(Print Name) _____ (Sign Name) _____

Supervisor Review: _____

(Print Name) _____ (Sign Name) _____

Inmate Status: ☐ Pre-Hearing Confinement ☐ Release to Previous Status ☐ OtherApproval for placement in PHC : ☐ Medical: _____ ☐ Mental Health: _____

Reason: _____

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.) For placement in Pre-Hearing Confinement, I have reviewed the impact that restrictive housing may have on medical and mental health conditions exhibited, considered alternatives to placement in restrictive housing, and have determined that separation from the general inmate population is necessary due to the above mentioned reason.

(Shift Supervisor's Signature) _____ (Date) _____ (Warden or Designee Signature) _____ (Date) _____

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

1. Hearing Date: _____ Time: _____ hrs. Place: _____

2. I understand the charge(s)? ☒ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).3. I waive my right to a hearing? ☒ Yes ☐ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)4. Present evidence and witnesses on my behalf. ☐ Yes ☐ No If inmate has witnesses, have him/her complete a Witness Request form

5. Other pertinent notations: _____

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure.

(Staff Signature) _____ (Date & Time) _____ (Inmate's Signature / ID#) _____

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
 MSP ☒ MWP ☐ CONTRACT FACILITY: _____

DISCIPLINARY HEARING DECISIONMAJOR ☐MINOR ☒Inmate's Name: THOMAS BARRY ID # 3002030 Date: 2-28-2024Infraction Number(s) & Name(s) 4322 - possession of a weapon 4300 - possession☐ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION – ADDITIONAL ACTION TAKEN

Continuance granted to Date: ___ / ___ / ___ By: _____

Reason: 1stPlea: ☒ Guilty ☐ Not Guilty ☐ Other: _____Inmate's Statement: NoneEvidence Provided: Warden upFindings: ☒ Guilty of # 4322 & 4300 ☐ Not Guilty of # _____Evidence Relied On: Warden's statementFor Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: 1

(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).

Sanction(s): 1st - 1st time possession of a weapon for 1st time up to 10 days2nd - 1st time possession of a weapon for 2nd time up to 15 daysDue to 1st time possession of a weapon 1st time up to 10 daysReason(s) for findings: 1st time

ADMINISTRATIVE REVIEW / DATE

DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM

I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.

☐ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).

☒ I DO NOT WISH TO APPEAL

Inmate's Signature / ID#: John J. Mundy 3002030

Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

EXHIBIT 3

MSP ☒ MWP ☐ CONTRACT FACILITY: _____**DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING**

(Information and staff signatures on this form must be legible)

MAJOR ☒ MINOR ☐Inmate Name: THUNDER BARRY ID # 3002030
Last name First NameDate: 2-28-2024 Time: 2040 Place of Incident: B UNIT SGT OFFICE.
Room/Cell: 216 Housing Unit: B UNIT Job Assignment: _____Infraction Number(s) & Name(s) 4227 FAILURE TO ABIDE BY CONDITION OF A DISCIPLINARY DISPOSITION.
4208 INSOLENCE WORDS, ACTIONS THAT HARASS, ABUSIVE LANGUAGE.Staff Witness: 1. _____ Other Inmates involved 1. _____
2. N/A 2. N/ADescription of Violation: (who, what, why, where, when and how): AS PART OF THE DISCIPLINARY COMPLETION SANCTIONS I/M THUNDER IS TO DO A 100 WORD APOLOGY. THUNDER COMPLETED A WRITTEN PAGE AND RETURNED IT TO MYSELF SGT HATCHISS) TONIGHT.
THE WRITTEN ASSIGNMENT TURNED IN FAILS TO APOLOGIZE IN A FORM AND IS INSOLENT BY HARASSING STAFF WITH ABUSIVE LANGUAGE.
ATTACHED IS A COPY OF THE HEARING DECISION AND THUNDER'S WRITTEN PAGE.
END OF REPORT.REPORTING STAFF MEMBER: SGT HATCHISS [Signature]
(Print Name) (Sign Name)Supervisor Review: _____
(Print Name) (Sign Name)Inmate Status: ☐ Pre-Hearing Confinement ☒ Release to Previous Status ☐ OtherApproval for placement in PHC: ☐ Medical: _____ ☐ Mental Health: _____Reason: Not mandatory PHC

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.) For placement in Pre-Hearing Confinement, I have reviewed the impact that restrictive housing may have on medical and mental health conditions exhibited, considered alternatives to placement in restrictive housing, and have determined that separation from the general inmate population is necessary due to the above mentioned reason.

[Signature] 2/28/24 [Signature] / /
(Shift Supervisor's Signature) (Date) (Warden or Designee Signature) (Date)**NOTICE OF HEARING/PREHEARING ACTION**

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: / / Time: hrs. Place: _____
- I understand the charge(s)? ☐ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☐ Yes ☐ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Present evidence and witnesses on my behalf. ☐ Yes ☐ No If inmate has witnesses, have him/her complete a Witness Request form
- Other pertinent notations: _____

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure.

(Staff Signature)

(Date & Time)

(Inmate's Signature / ID#)

Received by: _____ Date: _____ Gr. No.: _____

INMATE/OFFENDER INFORMAL RESOLUTION FORM

2:29 pm

Name: Batista Thunder Number: 300050 Housing: B0, 214 Date: 2/29/24

Describe the problem. Include date and time the incident occurred, names of staff involved, description of any evidence, names of any witnesses. Name the person(s) you are grieving. WHAT did they do? WHEN did they do it? WHERE did this happen? & WHAT have you done so far to get the problem repaired?

Mam, The c.o. or c.o.s who trashed my property damaged both my alarm clock, the face is off and I cannot set the time and alarm. I immediately alerted the c.o. who took the 1:30 pm count on 2/29/24. The c.o. (s) also damaged the little door that keeps the batteries in my radio. I've also alerted the same c.o. at the same time and date. This is the exact reason that I've been trying to send out all of my property. All staff of this facility is able to steal, damage, and/or destroy our property and NOT be held accountable for their actions. Padamiya eto for your time and assistance. MATA

ACTION REQUESTED: Please replace or refund the items damaged, as I have so very little, and a 100 word letter of apology from the c.o. (s) who've damaged written items

INMATE SIGNATURE: Batista Thunder

By my signature above, I waive confidentiality to any records necessary to investigate and resolve my complaint and certify the truth of all my statements herein.

RESPONSE: Per MSP 3.3.3 you can request your property be replaced and an investigation into staff. You cannot request an apology from staff. Please write within 48 hours with appropriate actions requested.

Requested action is granted ___ / granted in part ___ / denied ___ / not processed ☒.
You have the right to grieve if this response if your action requested was not granted.

RESPONDANT SIGNATURE: [Signature] TITLE: [Signature] DATE: 3/12/24

I acknowledge that I have received this response.

INMATE SIGNATURE

DATE

GRIEVANCES MUST BE SUBMITTED WITHIN FIVE WORKING DAYS OF RECEIPT OF THIS RESPONSE. ATTACH COPIES OF ALL PERTINENT INFORMATION AND PLACE IN THE GRIEVANCE COLLECTION LOCK BOX. (GRIEVANCE FORMS ARE AVAILABLE FROM HOUSING STAFF)

WHITE - GRIEVANCE COORDINATOR

CANARY - INMATE COPY OF RESPONSE

PINK - INMATE RECEIPT

EXHIBIT 4

Received by: _____ Date: _____ Gr. No.: _____

INMATE/OFFENDER INFORMAL RESOLUTION FORM

9:29 pm

Name: Boyi G. Thunder Number: 3002030 Housing: B-U, 216 Date: 2/29/24

Describe the problem. Include date and time the incident occurred, names of staff involved, description of any evidence, names of any witnesses. Name the person(s) you are grieving. WHAT did they do? WHEN did they do it? WHERE did this happen? & WHAT have you done so far to get the problem repaired?

Ma'am, being a transfer from another state, this facility is therefore responsible to make sure that I am protected and safe from any and all kinds of types of abuse et al, and harassment that directly affects me in mind, body, and soul in any forms and kinds. On the 29th of Feb, 2024, I was given the opportunity to go to the high side, something that I was gunning for since coming here. Sadly I had to decline due to circumstances involving Mrs Billie Reich and other legal issues concerning my case and transfers for placement in my Native State. This took place on the same above written date.

ACTION REQUESTED: Please assist with the so far minor issues written within this informal resolution and attached continuation form, as I no longer wish to be the targeted person of interest. INMATE SIGNATURE: Boyi G. Thunder

By my signature above, I waive confidentiality to any records necessary to investigate and resolve my complaint and certify the truth of all my statements herein.

RESPONSE: Per MSP 3.3.3 - I have been requested an investigation into staff conduct. Please reply within 48 hours with appropriate action requested.

Requested action is granted ___ / granted in part ___ / denied ___ / not processed ☒ .
You have the right to grieve if this response if your action requested was not granted.

RESPONDANT SIGNATURE: AKennel TITLE: U193 DATE: 3/12/24

I acknowledge that I have received this response.

INMATE SIGNATURE

DATE

GRIEVANCES MUST BE SUBMITTED WITHIN FIVE WORKING DAYS OF RECEIPT OF THIS RESPONSE. ATTACH COPIES OF ALL PERTINENT INFORMATION AND PLACE IN THE GRIEVANCE COLLECTION LOCK BOX. (GRIEVANCE FORMS ARE AVAILABLE FROM HOUSING STAFF)

WHITE - GRIEVANCE COORDINATOR

CANARY - INMATE COPY OF RESPONSE

PINK - INMATE RECEIPT

EXHIBIT 5

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐ CONTRACT FACILITY: _____

INMATE/OFFENDER GRIEVANCE CONTINUATION FORM

(NOTE: Only one continuation page may be used.)

Name: Boxer Thunder Number: 3002070 Housing: B-0216 Date: 2/29/24

Sgt. Hotchkiss, who has already targeted me for harassment and escalates even the smallest occurrence into a major issue, which is extremely easy for him to do, was present and listening to me decline the opportunity. After hearing me decline, he immediately smiled. I then knew that the targeting and harassment will then increase in a major way. Afterwards, during 6:25 pm laundry pass, Sgt. Hotchkiss then pretended that he had amnesia and proceeded to harass and threaten my assigned placement by the U.M.T., which is "If you're gonna stay here, you're going to have to do what I want when I want, or, you will go to locked housing immediately. I was simply getting my personal laundry. I did tell him that if he's having memory issues, he may not be fit to continue his job placement and I did show concern by advising him to take fish oil pills to help maintain his memory. If he wanted. I know for a fact that his negative attitude towards me specifically will keep increasing until his retirement. I do nothing to deserve such abuse as I keep to myself and don't even engage in the slightest kind type of talk with ANY MSP staff unless I need assistance, and ONLY THEN will I keep it to an extreme minimum and I since ANY kind type of negativity, I'll then abort and wait for staff that know that I'll engage in talk ONLY when it's the very LAST resort. Basically, the first shift. There are only three people out of the entire unit that I will confide in, others are acquaintances while the rest, which is about ninety one %, I don't even know, or want to know. All I do is stay in the assigned room, not cause any problems. ONLY when pushed and attacked first will any issues occur. I will NOT back down or cower from or for anybody. I will respond in the exact same manner as I am approached. I would like it VERY much for it to go back to when I NEVER contacted ANY staff. NO offense. And I know that you yourself are and is tired of me bitching about. But survival instincts have kicked in and I am concerned for my safety. I honestly do appreciate you talking to Mr. Reich as I know that no one else would've gone out of their way. I've also sent kids and am currently awaiting responses. You do hear and act within reason to effectively assist. And believe me, if it was the right timing, I truly would've taken your offer. Now I'll quit bitching about your unit as I did opt to stay until other, and will continue to tell staff. Don't start no shit there won't be no shit. I thank you very greatly for your time. I am NOT here to be bullied by a childish and petty old man.

WTD
Hotchkiss

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____
DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING

EXHIBIT 6

(Information and staff signatures on this form must be legible)

MAJOR ☒MINOR ☐

Inmate Name: Thunder Barry ID # 3002030
Last name First Name

Date: 3-25-24 Time: 2030 Place of Incident: B-unit dayroom

Room/Cell: 216 Housing Unit: B Job Assignment: 801-LP

Infraction Number(s) & Name(s) 4208: Insolence, direct disrespect
4213: Refusing to immediately obey a direct order

Staff Witness: 1. _____ Other Inmates involved 1. _____

2. _____ 2. _____

Description of Violation: (who, what, why, where, when and how): On above date, at approximate, after calling for 'lockdown to count, and on the previous day (3-24-24), I/M Thunder has been given no less than 6 direct orders to 'get off the phone/leave the dayroom (for count)'. I/M Thunder ignores staff.

I/M Thunder stated to staff "Who the fuck is talking to me!" creating a spectacle with other inmates in the dayroom

REPORTING STAFF MEMBER: C. Taylor C. Taylor
(Print Name) (Sign Name)

Supervisor Review: _____
(Print Name) (Sign Name)

Inmate Status: ☒ Pre-Hearing Confinement ☐ Release to Previous Status ☐ Other

Approval for placement in PHC: ☐ Medical: _____ ☐ Mental Health: _____

Reason: _____

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.) For placement in Pre-Hearing Confinement, I have reviewed the impact that restrictive housing may have on medical and mental health conditions exhibited, considered alternatives to placement in restrictive housing, and have determined that separation from the general inmate population is necessary due to the above mentioned reason.

[Signature] 3/25/24 _____
(Shift Supervisor's Signature) (Date) (Warden or Designee Signature) (Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: 3/25/24 Time: Any hrs. Place: SHU
- I understand the charge(s)? ☒ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☐ Yes ☒ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Present evidence and witnesses on my behalf. ☒ Yes ☐ No If inmate has witnesses, have him/her complete a Witness Request form
- Other pertinent notations: _____

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure.

JO WILKINS 3.25.24 02224 [Signature] 3002030
(Staff Signature) (Date & Time) (Inmate's Signature / ID#)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
 MSP ☒ MWP ☐ CONTRACT FACILITY: _____

DISCIPLINARY HEARING DECISIONMAJOR ☒MINOR ☐Inmate's Name: Thomson, Bailey ID # 700260 Date: 07/29/2024Infraction Number(s) & Name(s) 4208 / 4213☒ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION – ADDITIONAL ACTION TAKEN

Continuance granted to Date: ____ / ____ / ____ By: _____

Reason: _____

Plea: ☐ Guilty ☒ Not Guilty ☐ Other: _____

Inmate's Statement: _____

Taylor was doing the P.T. Pass I was on the
phone there was a long line I was waiting for
him to go down.

Evidence Provided: _____

Findings: ☐ Guilty of # _____ ☒ Not Guilty of # 4208 / 4213

Evidence Relied On: _____

Infraction Report / Video

For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: 2

(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).

Sanction(s): Dismiss / Not Guilty

Reason(s) for findings: _____

Video Evidence does not support Infraction

ADMINISTRATIVE REVIEW / DATE: See Admin Review Doc DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM: [Signature]

I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.

☐ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).

☒ I DO NOT WISH TO APPEAL

Inmate's Signature / ID#: Brian B. Anderson 700260 30

Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

Letter to the editor: Prison powwow cancelation insulting

Nov 22, 2023

Nothing insults Native American month like the Montana Department of Corrections canceling a planned religious activity that would have brought volunteer drummers, singers, dancers, guest speakers and legislative dignitaries from Native communities across Montana for a day of ceremony and reconciliation within prison walls.

Disappointment reverberated across Montana just days before Thanksgiving when the Montana Department of Corrections pulled the plug on the Montana State Prison Powwow, slated to take place in Deer Lodge on March 16th, 2024.

When a call came from within prison walls that the inmates were in need of reconciliation and spiritual healing, members of the Native American community with the consent of the Montana Department of Corrections Religious Activities Coordinator Terrie Stefalo, decided to support this need and bring a day of prayer, ceremony and fellowship to the prison.

People are also reading...

- 1 Celebrated Montana authors say myths of American West have 'overwhelmed' reality**
- 2 Missoula's Ward 6 recount results in tie; up to city council to pick winner**
- 3 One week out, Snowbowl Ski Area still lacks permission to open**
- 4 Montana surpasses 100,000 people removed from Medicaid**

The practice of Native American spirituality even while incarcerated is a federally protected right under the Religious Land Use and Institutionalized Persons Act (RLUIPA), Native American Religious Freedom Act of 1978, and the First Amendment of the United States Constitution.

Native veterans and non-native veterans fought side-by-side for religious rights, even while incarcerated. Shame on MTDOD.

Laurie Little Dog

Missoula

EXHIBIT 8

Received by: _____ Date: _____ Gr. No.: _____

MSP ☐ MWP ☐ CONTRACT FACILITY: _____

INMATE/OFFENDER GRIEVANCE FORM

3:29 PM

Name: Sebastian G. Thunder Number: 3002036 Housing: B-216 Date: 3/29/24

Description must include date and time incident occurred, attempts made to resolve, names of staff involved, description of any evidence, names of any witnesses. Name the person(s) you are grieving. WHAT did they do? WHEN did they do it? WHERE did this happen? & WHAT have you done so far to get the problem repaired?

M.A.M.

C.O.s Taylor and Grady have taken unfinished beadwork consisting of:
1. Pair of black beaded earrings, current value \$70.00, 1 Minion, valued
at \$30.00 1. Harley Quinn nodulation face valued at \$170.00, 1 Female
baseball player, current value \$150.00, 1 Female Model, current
value, \$160.00, 1 Pair of shiny Purple, Green, and Gold heart w/
hanging heart earrings, valued at \$45.00. I have beadwork that
NOBODY else has and it took Months of design, color, and finding the
bead colors, I currently have a guy that's teaching me DNA strand so that
I can finish them again. I'd appreciate for your time and assistance as
both are greatly needed and valued as always. Please forget that I'm a person
ACTION REQUESTED: May I please have these back? People are looking forward
to having the finished project. And I'm too damn lazy to redo them.

INMATE SIGNATURE: Sebastian G. Thunder

By my signature above, I waive confidentiality to any records necessary to investigate and resolve my complaint and certify the truth of all my statements herein.

RESPONSE: _____

Requested action is granted ☐ / granted in part ☐ / denied ☐ / not processed ☐

RESPONDENT SIGNATURE: _____ TITLE: _____ DATE: _____

You have the right to appeal this response to the next level, if your action was not granted.

I acknowledge that I have received this response. I do / do not intend to appeal to the next level.

INMATE SIGNATURE: _____ DATE: _____

YOUR APPEAL MUST BE SUBMITTED WITHIN FIVE WORKING DAYS OF RECEIPT OF THIS RESPONSE. Attach copies of all pertinent information and place in the grievance collection lock box.

EXHIBIT 9

Do not write in this space

Received by: _____ Date: _____ Gr. No.: _____

INMATE/OFFENDER INFORMAL RESOLUTION FORM

3:29pm

Name: Bertie O. Thunder Number: 3002030 Housing: B-0,216 Date: 3/29/24
 Describe the problem. Include date and time the incident occurred, names of staff involved, description of any evidence, names of any witnesses. Name the person(s) you are grieving. WHAT did they do? WHEN did they do it? WHERE did this happen? & WHAT have you done so far to get the problem repaired?

Miam
 I would like a thorough conduct investigation completed on both cos Taylor and grimby... The female redhead who destroyed my property. NOT ONLY is the destruction of my property the issue. They've also took and destroyed 3 Bald Eagle and 1 Golden Eagle feather(s), and 1 braid of sweetgrass, with no regard for my Native Lakota/Dakota race and heritage. ~~with~~ with extreme malicious intent which is a huge example of the childish and petty "professionalism" of the individuals that this facility hires to work for it. And I'm pretty sure that they broke federal law, without repercussion whatsoever.

ACTION REQUESTED: AN INVESTIGATION ON the accountability for the conduct of another mistreated inmate, Deceptive business practices, and Retaliation prohibited. Thank you for your time and assistance. INMATE SIGNATURE: Bertie O. Thunder

By my signature above, I waive confidentiality to any records necessary to investigate and resolve my complaint and certify the truth of all my statements herein.

RESPONSE: You have only one (one) grievance per incident. This is the 2nd grievance on this incident, requiring an investigation into staff.

Requested action is granted ___ / granted in part ___ / denied ___ / not processed ☒.

You have the right to grieve if this response if your action requested was not granted.

RESPONDANT SIGNATURE: Thunder TITLE: WOM DATE: 4/13/24

I acknowledge that I have received this response.

INMATE SIGNATURE

DATE

GRIEVANCES MUST BE SUBMITTED WITHIN FIVE WORKING DAYS OF RECEIPT OF THIS RESPONSE. ATTACH COPIES OF ALL PERTINENT INFORMATION AND PLACE IN THE GRIEVANCE COLLECTION LOCK BOX. (GRIEVANCE FORMS ARE AVAILABLE FROM HOUSING STAFF)

WHITE - GRIEVANCE COORDINATOR

CANARY - INMATE COPY OF RESPONSE

PINK - INMATE RECEIPT

EXHIBIT 10